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| FORM CD-540 (9-96) LF | | U.S. DEPARTMENT OF COMMERCE | | SEND THIS REQUEST FORM TO: Department of Commerce Warehouse 8510 TRUCK WAY CAPITOL HEIGHTS, MD 20743 OR FAX TO: (301) 763-4195 | | FOR WAREHOUSE USE ONLY | |
| WAREHOUSE ISSUE/PICK-UP REQUEST | | | | REQUEST NUMBER: | | | |
| | | | | DATE RECEIVED: | | | |
| DATE: 05/18/99 | | TELEPHONE NUMBER: 202-482-5436 | | DELIVERY/PICK-UP ADDRESS <i>(Give complete mailing address)</i> | | | |
| REQUESTED BY: N. Harris | | | | DOC/ITA/DOA/OOMS | | | |
| BUREAU: ITA/ | | | | 14th & Const., Ave. NW Room 4001 | | | |
| APPROPRIATION NUMBER: 001/XXXXXX/XXXX | | | | Washington, DC 20230 | | | |
| SIGNATURE OF APPROVING OFFICIAL: | | | | TYPE OF REQUEST: | | | |
| | | | | <input checked="" type="checkbox"/> ISSUE FROM STOCK <input type="checkbox"/> RETURN TO STOCK | | | |
| | | | | <input type="checkbox"/> OTHER _____ | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | |
| ITEM NUMBER ¹ | | UNIT OF ISSUE ² | QTY | TITLE OR DESCRIPTION OF ITEM(S) | | | WAREHOUSE USE ONLY LOCATION |
| 1 ITA/STA-1 | | Bx | 2 | ITA Letterhead | | | |
| 2 ITA/STA-6 | | BX | 2 | Envelopes, White, 4 1/2 x 9 1/2 (meter) | | | |
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| 10 | | | | | | | |
| <div>1 Enter CD Number, Serial Number or other appropriate indentification number. Item number can be up to 15 positions..</div> <div>2 SD=SKID BX=BOX EA=EACH.</div> | | | | | | | |
| WAREHOUSE COMMENTS: | | | | | | | |
| PULLED BY: _____ INSPECTED BY: _____ | | | | | | | |
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